

Discharge Guide for IDHW (non-ATR) & IDOC Clients

Complete an Authorization Change Request to the Contractor prior to entering a Discharge (*review the Authorization Change Request Overview to determine which type to complete*).

NOTE: When a client drops out of service or has not shown, use the last known information about the clients situation when entering discharge information. Sometimes this information will be the same as the admission information.

1. **Getting here:** Login, select the Facility, select Client List from left menu to generate the Client Search Screen, find client, select Activity List.
2. Click Discharge.

The screenshot shows the Idaho WITS Training system interface. The top header includes the WITS logo, user information (User: Clinician, Number 1; Loc: D Williams Agency, Williams Treatment; Client: Abby, Abigail | 20721190000001B | Case #: 6), a 'Printable View' button, and a 'Logout' button. The left sidebar contains a menu with options like Home Page, Agency, Group List, Client List, Client Profile, Gain Short Screener, Benefit Application, Linked Consents, Non-Episode Contact, Activity List, Intake, Fee Determination, Drug Testing, Wait List, Screening, Assessments, Admission, Program Enroll, Encounters, Notes, ASAM, Treatment, Continuing Care, and Discharge. The main content area displays the 'Client Activity List' table.

Activity	Activity Date	Created Date	Status	Actions
Client Information (Profile)	4/10/2012	6/22/2012	Completed	Review
Intake Transaction	4/10/2012	4/11/2013	Completed	Review
Admission	4/10/2013	4/11/2013	Completed	Review
Client Program Enrollment (Adult RSS)	4/10/2013	4/11/2013	Completed	Review
Client Program Enrollment (Adult Intensive Outpatient)	4/10/2013	4/11/2013	Completed	Review
Consent (Idaho Department of Corrections)	4/10/2013	4/11/2013	Completed	Review
Client Program Enrollment (Adult Outpatient)	4/11/2013	4/11/2013	Completed	Review
Miscellaneous Note Summary	4/11/2013	4/11/2013	Not Applicable	Review
Encounter Summary	4/18/2013	4/10/2013	Completed	Review

3. Update **Discharged** if needed (the date defaults to the end date of the last Program Enrollment). Complete the **Date of Last Contact**. Update the Discharge Staff and the Reason if necessary (the Reason defaults to the Disenrollment Type selected on the last Program Enrollment). Complete **# of times the client has attended a self-help program in the 30 days preceding the date of discharge from treatment services**.

4. Enter the **ASAM Level of Care** and **Comments** for each Dimension.

5. Click ➡.

1 The last encounter date for this client was on 6/3/2013. It could be used as the Last Contact Date.

Discharge Profile for Abby, Abigail

Discharged: 6/4/2013 Date of Last Contact:

Discharge Staff: Buskey, Michelle Discharge Referral:

Reason: Discharged Due to Lost Contact

Disposition:

of times the client has attended a self-help program in the 30 days preceding the date of discharge from treatment services. Includes attendance at AA, NA, and other self-help/mutual support groups focused on recovery from substance abuse and dependence.

ASAM Criteria

Dimension	Level of Risk	Level of Care	Comments
1 - Acute Intoxication and/or Withdrawal Potential			
At Intake	<input type="text"/>	I.O Outpatient	x
At Discharge	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 - Biomedical Conditions and Complications			
At Intake	<input type="text"/>	I.O Outpatient	xi
At Discharge	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 - Emotional, Behavioral, or Cognitive Conditions and Complications			
At Intake	<input type="text"/>	I.O Outpatient	x
At Discharge	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 - Readiness to Change			
At Intake	<input type="text"/>	I.O Outpatient	x
At Discharge	<input type="text"/>	<input type="text"/>	<input type="text"/>
5 - Relapse, Continued Use, or Continued Problem Potential			
At Intake	<input type="text"/>	I.O Outpatient	x
At Discharge	<input type="text"/>	<input type="text"/>	<input type="text"/>
6 - Recovery / Living Environment			
At Intake	<input type="text"/>	I.O Outpatient	x
At Discharge	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cancel Save Finish ➡

When the client drops out of service or has not shown, select Discharged Due to Lost Contract or Lost contact/Left against advice.

Enter the treatment Level of Care the client is receiving at the time of discharge.

6. Update the **# of Arrests in 30 days before Discharge**.

7. Click ➡ .

8. Select the **Pregnant** status if applicable.

9. Update the **Relationship Status**, **Living Arrangement**, and **Employment Status**.

10. Select the **Primary Income Source**, **Expected Payment Source**, and **Health Insurance**.

11. Click ➡ .

Client Discharge for Abby, Abigail

Legal History

Legal Status: Adult - Own Guardian, Child - Emancipated Minor, Child - Under Parent/Guardian, DJC Custody

Selected Legal Status: []

of Arrests in Lifetime: []

of Arrests in 30 days before discharge: 0

Update # of Arrests if necessary.

Click the Next Arrow.

Cancel Save Finish ➡

Client Discharge for Abby, Abigail

Status Changes Since Admission

Status At Admission

Pregnant: No

Relationship Status: Divorced

Living Arrangement: In-Household w/ Relatives

Employment Status: Employed

Primary Income Source: Employment Wages

Expected Payment Source: DHW/BPA

Health Insurance: None

County of Residence: BENEWAH

Status At Discharge

Pregnant: []

Relationship Status: Divorced

Living Arrangement: In-Household w/ Relatives

Employment Status: Not Seeking Work

Primary Income Source: Employment Wages

Expected Payment Source: DHW/BPA

Health Insurance: None

County of Residence: []

Select Dependent-Other for children under the age of 18 living with parents, relatives, or guardians.

Click the Next Arrow.

Cancel Save Finish ➡

12. Update the **Substance**, **Severity**, **Frequency**, and **Method** for each substance.

13. Click ➡.

14. Enter **Strengths, Abilities, Needs, and Preferences of Person Served**. Include a description of the client's status and progress at the time of discharge. The description should include: employment, living arrangements, motivation, stages of changes for each substance identified as being treated, responsiveness to treatment modalities used, other treatment modalities used and responsiveness to them, abstinence, overall progress towards treatment goals, etc.

15. Enter **Recommendations** for referrals made on behalf of the client and any services that will continue after discharge.

16. Click Finish.

Client Discharge for Abby, Abigail

Substance Abuse

Rank	Substance	Severity	Frequency	Method
Primary	Alcohol		1-3 times per month	Oral
Secondary	None	N/A	N/A	N/A
Tertiary	None	N/A	N/A	N/A

Was Methadone Maintained: ☐

Discharge Parameters

Discharge Status: Treatment

Post-Discharge Case Management: ☐ # of Days:

Prognosis:

Was a family member involved: ☐

Was Concerned Person Involved: ☐

Codependent/Collateral: No

Was MH Service Received: ☐

Psychiatric Follow-up: ☐

Click the Next Arrow.

Cancel Save Finish ➡

The primary substance with the most severe rating at Discharge may be different than the primary substance at Admission.

Select the Severity, Frequency, and Method based on the client's pattern of use at the time of Discharge.

Client Discharge for Abby, Abigail

Treatment Summary

Presenting Problem (In Client's Own Words):

Strengths, Abilities, Needs, and Preferences of Person Served - Client Statement Regarding

Enter a description of the client's status and progress at the time of discharge. The description should include: employment, living arrangements, motivation, stages of changes for each substance identified as being treated, responsiveness to treatment modalities used, other treatment modalities used and responsiveness to them, abstinence, overall progress towards treatment goals, etc.

Program Enrollment

Program Name	Start Date	End Date	Facility	Notes
Adult Outpatient	4/8/2013	6/4/2013	Williams Treatment	
Adult Outpatient	4/11/2013	4/11/2013	Williams Treatment	
Adult Outpatient	6/3/2013	6/4/2013	Williams Treatment	

Services Rendered

Service	# of Sessions
Case Management	1
Intensive OP (Individual)	1
OP (Individual) Do Not Use	5

Recommendations

Document any referrals made on behalf of the client and any services that will continue after discharge.

Click Finish.

Cancel Save Finish ➡